



Internet Claim Filing Agreement
Between Day Care Centers
and the
Montana Child & Adult Care Food Program

User Name: _____

Program Name: _____

Street Address: _____

City: _____ County: _____ Zip: _____

Email Address [required]: _____

Telephone Number: _____

I certify to the best of my knowledge and belief all claims submitted through the web claim process are true and correct, records are available to support it, it is in accordance with an existing agreement, and payment has not been received.

In addition, all For Profit Proprietary centers certify that at least 25% of enrolled children or 25% of licensed capacity [whichever is less] are classified as Free or Reduced, and meet eligibility requirements for each reporting month.

I understand that this information is being given in receipt of federal funds and that deliberate misrepresentation of the information may subject me to prosecution under applicable state or federal laws.

Signature _____

Title _____

Date _____